

CLAIMS ONLY							Application Number 101788945		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86	1		
37							87		1	
38							88			
39							89		1	
40							90		1	
41							91	1		
42							92		1	
43							93		1	
44							94		1	
45							95	1		
46							96		1	
47							97		1	
48							98	1		
49							99		1	
50							100		1	
Total Indep							Total Indep	18		
Total Depend							Total Depend	16		
Total Claims							Total Claims	34		

